



Choose Cigna + Oscar. Here's why.

Cigna + Oscar Plan Brochure
2020 Small Group Health Insurance
Plans in Tennessee



Cigna + Oscar coverage is insured by Cigna Health and Life Insurance Company.

Introducing Cigna + Oscar

Delivering small group health insurance as dedicated and unique as your business. Together, our partnership makes for healthy employees and a healthy bottom line.

Insurance that cares about your business.

Affordable care that works for everyone.

Care Teams that know your team.



Health plans that save you money

Choose between two networks, LocalPlus® and Open Access Plus, and save on health insurance that fits your team's lives and needs.



Prescriptions done right

Save on prescriptions with Express Scripts® and refill them right from your phone.



Nationwide network

With Cigna Open Access Plus, access a nationwide network of doctors, hospitals, and specialists that can be seen without referrals.



Personalized Care Team

A team that knows your team by name, and is always there to answer questions and help them manage their care.



24/7 Virtual Urgent Care

Access hundreds of doctors on call, available anytime for \$0 copay via the Oscar app.¹

¹ Feature and network availability may vary by location and plan type and is subject to change.



Employee care navigation

Dedicated support to help your employees find the right doctors and care in their area, plus the tools to search for care.



Easy administration

Simple tools and dedicated support to manage employees' benefits.



Healthy minds and bodies

Step-tracking rewards up to \$100 per year and access to Cigna's behavioral health network for mental health resources.

Health insurance plan basics

Before you can make smart decisions about which plans to offer, it's important to understand a few basic elements. These can impact value and costs for you and your employees.

Here are some important terms to know:

Cost components

Insurance plans are built around a few different types of costs that directly impact health care spending for your business and employees.

Premium

A premium is the monthly payment required to have an active health plan. This amount is often paid by both an employee and employer through payroll deductions.

Copay

A fixed dollar amount an employee will spend on covered service each time they seek a service—such as a visit to an urgent care center or filling a prescription.

Deductible

A deductible is the amount an employee will spend on some covered services before their plan starts paying for care.

Out-of-pocket max

An out-of-pocket max is the maximum amount an employee will pay for health care during the year. After they meet this amount, their plan will pay for all covered medical expenses.

Out-of-pocket

Out-of-pocket expenses include any money an employee pays toward covered health care expenses, including copays and coinsurance.



Understand how your plan works

Our offerings*



Bronze plan

Low premium, high deductible

60% of covered health costs paid by insurer, 40% paid by employee.



Silver plan

Moderate premium, moderate deductible

70% of covered health costs paid by insurer, 30% paid by employee.



Gold plan

Higher premium, lower deductible

80% of covered health costs paid by insurer, 20% paid by employee.



Platinum plan

Highest premium, lowest deductible

90% of covered health costs paid by insurer, 10% paid by employee.

What is a Health Savings Account (HSA) plan?

An HSA is a savings account an employee sets up to pay for health care expenses with pre-tax contributions. HSAs can only be used with specific HSA-compatible insurance plans that usually have high annual deductibles and lower monthly premiums. These types of plans can help you save on premium contributions while providing health coverage for your employees. Think of it like a retirement account, but for medical expenses.

Because an HSA works alongside an insurance plan, you'll need to purchase an HSA-eligible plan to use one. You can contribute pre- or post-tax to your HSA, up to \$3,550 (\$7,100 for a family plan) in 2020. You can use that money to pay for qualified medical expenses throughout the year. Note that if you take money out for non-qualified medical expenses before you turn 65, you'll pay a tax penalty.

*Metal tier structure varies and is subject to plan deductibles, co-payments, and coinsurance

What is an Exclusive Provider Organization (EPO)?

With an EPO (Exclusive Provider Organization) such as Cigna + Oscar, your health insurance is activated only when you see a doctor in the network. If you get care with doctors outside the network, the visit won't be covered except in emergencies (or if there are no in-network options).

The good news is, you won't need a referral from your primary care doctor to see a specialist. That means one less copay, and one less trip to the doctor's office.



How does an EPO work?

Let's say you want to see a dermatologist about a mole on your arm.

If you have an HMO, you'll need to see your primary care doctor for a referral before you can schedule an appointment with a dermatologist.

With an EPO, such as Cigna + Oscar, you can make an appointment to see an in-network dermatologist directly. Since no referral is needed, you can get that mole checked out ASAP.

HMO vs. EPO vs. PPO: pros and cons

HMO

Limited access to network
No out-of-network benefits
Referral required

EPO

Full access to network
No out-of-network benefits
No referral required
Cost-effective premiums

PPO

Full access to network
No out-of-network benefits
No referral required
Higher premiums

Know your network

Cigna + Oscar offers a choice between two physician networks, so employers can choose the one that best fits the needs of their team. Unlike individuals who can shop for the insurance plans that work best for them, employees rely on their employers to make this decision for them

Why dual network options? Both networks offer access to quality health systems within our markets, so employers enjoy peace of mind knowing that their work families are covered.

The Cigna LocalPlus® network

provides a locally designed network of doctors, specialists, and hospitals that offer cost-effective medical care without sacrificing the quality employees expect. This network was designed with affordability and access in mind.

The Cigna Open Access Plus network

is broader, offering a discounted national network with 970,000 health care professionals and 17,000 facilities in the Open Access Plus network.* This network offers more coverage than our LocalPlus® network.



Visit hioscar.com/search to find in-network providers and prescription drugs.

* Cigna's internal Central Provider File (CPF) as of March, 2019. Subject to change.

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	Platinum \$0	Gold \$0	Gold \$2000	Gold \$2500	Silver \$2500	Silver \$5500	Silver \$3000 HSA Option 1	Bronze \$5750
All Cigna + Oscar Plans offer members a choice between Cigna LocalPlus® and Open Access Plus networks, allowing them to choose the network that fits into their lives and meets their needs.								
The Basics								
Deductible (Individual / Family)	\$0 / \$0	\$0 / \$0	\$2,000 / \$4,000	\$2,500 / \$5,000	\$2,500 / \$5,000	\$5,500 / \$11,000	\$3,000 / \$6,000	\$5,750 / \$11,500
Out-of-Pocket Max (Individual / Family)	\$1,800 / \$3,600	\$6,500 / \$13,000	\$6,000 / \$12,000	\$6,500 / \$13,000	\$6,500 / \$13,000	\$8,150 / \$16,300	\$4,500 / \$9,000	\$8,150 / \$16,300
Pharmacy Deductible (Individual / Family)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
HSA-Compatible?	No	No	No	No	No	No	Yes	No
\$0 Doctor on Call	✓	✓	✓	✓	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓	✓	✓	✓	✓
Up to \$100/year in step tracking rewards	✓	✓	✓	✓	✓	✓	✓	✓
\$0 Preventive care	✓	✓	✓	✓	✓	✓	✓	✓
Prices for Benefits								
Primary care / OBGYN visits	\$20	\$40	\$60	\$30	50% after deductible	\$55	50% after deductible	\$70
Specialist visits	\$40	\$60	\$60	\$55	50% after deductible	\$70	50% after deductible	50% after deductible
Mental health office visits	\$40	\$60	\$60	\$55	50% after deductible	\$70	50% after deductible	50% after deductible
Labs	\$0	\$0	\$0	30% after deductible	50% after deductible	\$0	50% after deductible	50% after deductible
Emergency room	50%	\$350	\$500	\$400	50% after deductible	40% after deductible	50% after deductible	50% after deductible
Urgent care	\$50	\$75	\$60	\$55	50% after deductible	\$70	50% after deductible	\$70
MRIs & Advanced imaging	50%	\$250	30% after deductible	30% after deductible	50% after deductible	40% after deductible	50% after deductible	50% after deductible
X-rays & Diagnostic imaging	\$0	\$0	\$0	30% after deductible	50% after deductible	\$0	50% after deductible	50% after deductible
Outpatient facility / Inpatient facility	50% / 50%	\$250 / \$500	\$250 after deductible / 30% after deductible	30% after deductible / 30% after deductible	50% after deductible / 50% after deductible	40% after deductible / 40% after deductible	50% after deductible / 50% after deductible	50% after deductible / 50% after deductible
RX Generics: Preferred (Tier 1a) / Non-preferred (Tier 1b)	\$3 / \$15	\$3 / \$15	\$3 / \$15	\$3 / \$15	\$3 / \$15	\$3 / \$35	\$3 after deductible / \$15 after deductible	\$3 / 50% after deductible
RX Brand: Preferred (Tier 2) / Non-preferred (Tier 3) / Specialty (Tier 4)	\$25 / \$50 / \$100	\$50 / \$100 / \$300	\$45 / \$75 / \$200	\$50 / \$75 / \$200	\$25 / \$50 / \$100	\$75 / \$150 / \$300	\$35 after deductible / \$50 after deductible / \$100 after deductible	50% after deductible / 50% after deductible / 50% after deductible

See the plan's Schedule of Benefits & Coverage (SBC) for more on coverage details. All this information and more can be found on our Broker Resources page: www.hioscar.com/brokers



Cigna + Oscar coverage is insured by Cigna Health and Life Insurance Company. CA: benefits administered by Oscar Health Administrators. Other states: benefits administered by Mulberry Management Corporation. Rx benefits provided by Express Scripts, Inc. Cigna + Oscar health insurance contains exclusions and limitations. For complete details on product availability and coverage, please refer to your plan documents or contact a representative.

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	Silver \$3000 HSA Option 2	Silver \$4250 HSA	Bronze \$4600 HSA	Bronze \$6800 HSA
All Cigna + Oscar Plans offer members a choice between Cigna LocalPlus® and Open Access Plus networks, allowing them to choose the network that fits into their lives and meets their needs.				
The Basics				
Deductible (Individual / Family)	\$3,000 / \$6,000	\$4,250 / \$8,500	\$4,600 / \$9,200	\$6,800 / \$13,600
Out-of-Pocket Max (Individual / Family)	\$4,750 / \$9,500	\$4,250 / \$8,500	\$6,500 / \$13,000	\$6,800 / \$13,600
HSA-Compatible?	Yes	Yes	Yes	Yes
\$0 Doctor on Call	✓	✓	✓	✓
Dedicated Care Team	✓	✓	✓	✓
Up to \$100/year in step tracking rewards	✓	✓	✓	✓
\$0 preventive care	✓	✓	✓	✓
Prices for Benefits				
Primary care / OBGYN visits	40% after deductible	\$0 after deductible	50% after deductible	\$0 after deductible
Specialist visits	40% after deductible	\$0 after deductible	50% after deductible	\$0 after deductible
Mental health office visits	40% after deductible	\$0 after deductible	50% after deductible	\$0 after deductible
Labs	40% after deductible	\$0 after deductible	50% after deductible	\$0 after deductible
Emergency room	40% after deductible	\$0 after deductible	50% after deductible	\$0 after deductible
Urgent care	40% after deductible	\$0 after deductible	50% after deductible	\$0 after deductible
MRIs & Advanced imaging	40% after deductible	\$0 after deductible	50% after deductible	\$0 after deductible
X-rays & Diagnostic imaging	40% after deductible	\$0 after deductible	50% after deductible	\$0 after deductible
Outpatient facility / Inpatient facility	40% after deductible / 40% after deductible	\$0 after deductible / \$0 after deductible	50% after deductible / 50% after deductible	\$0 after deductible / \$0 after deductible
RX Non-ACA Preventive Generics: Preferred / Non-preferred	\$10 / \$10	\$10 / \$10	\$10 / \$10	\$10 / \$10
RX Non-ACA Preventive Brand: Preferred / Non-preferred	\$30 / \$60	\$30 / \$60	\$30 / \$60	\$30 / \$60
RX All other Generic, Preferred, Brand, Non-Preferred Brand, and Specialty	40% after deductible	\$0 after deductible	50% after deductible	\$0 after deductible

Cigna + Oscar in Tennessee offers small group Health Savings Account health plans that includes access to certain medications – called the Preventive Care Drug List - without requiring members first satisfy the plan's high deductible.

See the 2020 Preventive Care Drug List: hioscar.com/asset/c-o-2020-prev-drugs-tn

See the plan's Schedule of Benefits & Coverage (SBC) for more on coverage details. All this information and more can be found on our Broker Resources page: www.hioscar.com/brokers



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2020 Group eligibility requirements



We're excited to work with awesome companies like yours. Here are some small group insurance requirements you should know about before you apply.

Group eligibility requirements

A group is eligible for small group coverage if it meets the "small employer" criteria as defined by the Tennessee and federal Patient Protection and Affordable Care Act (ACA), and meets the following requirements:

- 
- 01** The group employed between two (2) and fifty (50) full-time equivalent (FTE) employees (the majority of whom were employed within Tennessee) for at least 50% of its working days during the preceding calendar quarter (or the preceding calendar year).
 - The total group size is the number of full-time employees plus the number of FTE part-time employees. Employees are considered part-time if they work, on average, less than 30 hours per week. To calculate a group's FTEs from part-time employees, add up the part-time hours worked during the month. Divide the total by 120 and round down to the nearest whole number.
 - For example, if you have four part-time employees who each work 20 hours per week, there are 320 part-time hours worked per month. Divided by 120, these four part-time employees count as two FTEs. This total may include employees who are not eligible to participate in a plan given the number of hours they work each week.
 - 02** The employer maintains business licensure and/or appropriate state filings allowing the company to actively conduct business in the state of Tennessee.
 - 03** The employer has at least 70% of enrolled eligible individuals living in the state of Tennessee.

Participation and contribution guidelines

Participation:

25% of eligible employees must enroll after valid waivers

- Add up enrolling employees
- Divide by total FTE, minus valid waivers
- Result must be greater than or equal to 25%

Contribution:

Employer must contribute at least 50% of the employee premium.

Enrollment checklist

Don't worry: our Cigna + Oscar Enrollment Guides, or your broker, can walk you through the requirements step-by-step.

Employers may select up to three Cigna + Oscar benefit plans for their employees. There are no restrictions on the combination of plan options.

To apply for coverage for a group, Cigna + Oscar requires the following:

Tennessee Business Enrollment Form

- This can be completed online in the Cigna + Oscar enrollment portal.
- If a group is enrolling two (2) members or fewer, you must also include proof of ownership, such as a Statement of Information, Articles of Incorporation, or current / active business license.

Tennessee Employee Enrollment application(s)

One (1) application should be completed for each enrolling employee or COBRA/ Tennessee State Continuation recipient. These applications can be completed entirely online by employees - or completed on paper and then entered in the portal by the authorized Broker or GA. Paper enrollment forms alone will not be accepted by Cigna + Oscar.

Employee Waiver form(s) and applicable waiver documentation

One (1) form is needed for each employee waiving or refusing coverage, including COBRA/Tennessee State Continuation employees. Waivers may be completed online in the Cigna + Oscar enrollment portal.

TDLWDWR

(Tennessee Dept of Labor and Workforce Development Wage Report) is required for groups for all enrolling groups, unless there are seven (7) or more eligible enrolling employees.

- Documents submitted must include all enrolling employees.

ACH Authorization Form

- It is optional but highly encouraged to expedite member ID card delivery. ACH payments can be set up for automatic deduction on the first of every month or can be uploaded solely for an automatic first payment.
- If the group wishes to pay the first premium via check, they must wait for approval and the first bill generation and delivery. The first premium signed check will then have to be mailed in along with the bill stub to the following address:

Cigna + Oscar, Insured by Cigna Health and Life Insurance Company
P. O. Box 412803
Boston, MA 02241-2803

Payroll verification through appropriate tax documentation based on group type.



Ready to sign up?

Cigna + Oscar is devoted to providing health insurance that's helpful and easy to understand.

For more information or if you have any questions, talk to your broker or call us anytime at 855-672-2784.



Cigna + Oscar coverage is insured by Cigna Health and Life Insurance Company, CA: benefits administered by Oscar Health Administrators. Other states: benefits administered by Mulberry Management Corporation. Rx benefits provided by Express Scripts, Inc. Cigna + Oscar health insurance contains exclusions and limitations. For complete details on product availability and coverage, please refer to your plan documents or contact a representative.